

Headquarters Air Force Personnel Center



AFPC and the Disability Evaluation System

**LtCol Kent McDonald
HQ AFPC/DPAMM
Medical Standards
Branch**



Overview

- **The AF Form 469**
- **Review of Assignment Availability Codes (AAC)**
- **Conditions incompatible with worldwide mil service**
- **The Medical Evaluation Board (MEB)**
- **The Informal Physical Evaluation Board (PEB)**
- **The Formal PEB, SECAF/PC, and Board for Correction of Military Records (BCMR)**
- **Veteran's Administration (VA) disability**
- **Processing timeline issues**



The personnel system and the AF Form 469

- Recommend to commander restrictions for Duty Limiting Conditions (DLCs)
 - Notify MPF of assignment deferments
 - Notify MPF of deployment deferments
 - Notify MPF of TDY deferments
 - Notify MPF of enlistment eligibility
 - Notify MPF of blocks to retirements / separations
-
- Medics are now responsible for personnel codes (31, 37, & 81) that govern items in **red**. We are also responsible for the fall out if we do not use the personnel codes
-
- Right Person, Right Place, Right Time*



Assignment Availability Codes (AAC's)

- **Codes used to manage personnel actions during a member's current assignment.**
- **Not meant to be long term**
- **Considered deferments but can be waived**
- **Given by numbers AAC-2 through AAC-85 (AFI 36-2110 table 2.1)**
- **AAC-31 (Medical deferment for rehabilitation)**
 - OPR MTF
- **AAC-14 (Material witness)**
 - OPR SJA
- **AAC-50 (CONUS Maximum Stabilized Tours)**

Right Person, Right Place, Right Time



AAC 31

Temporary Medical ~~Deferment~~

- ***“ A member may be temporarily deferred from PCS or TDY when accepted medical principles make it evident that a physical defect which prevents worldwide service is temporary and should be cleared within 12 months” AFI 36-2110 2.17.1.***
 - **Cannot load assignment that falls during the deferment. Can load RNLTD for after expiration date.**
 - **Triggers Deployment Availability Code (DAV) 41**
-

Right Person, Right Place, Right Time



AAC 37 Medical Evaluation Board and Physical Evaluation Board

Deferment

- ***“When a member has a physical limitation which may not be temporary, the MTF provides the MPF and HQ AFPC/DPAMM an AF Form 422 indicating that an MEB, which could result in a PEB, is being processed...a member pending MEB or PEB may not be reassigned PCS or TDY (or granted leave outside the local area, separated or retired) until after the MTF determines the medical disposition.” AFI 36-2110 2.17.2.***



Medical Evaluation Board and Physical Evaluation Board Deferment

MilPDS will reject attempts to load an assignment as long as member is on a code 37.

Triggers a “4K” reenlistment ineligibility code

This DOES NOT fall off if code 37 allowed to expire*

Something to consider with new DES procedures.

Triggers a DAV 42



Identification : Conditions not compatible with worldwide mil service

- **“Unfitting” conditions. (Require code 37 and MEB)**
 - AFI48-123V2 A2 (retention or WWQ standards)
 - AFI48-123V4 A5 (deployment criteria)

- **“Unsuited” conditions. (CC administrative issue)**
 - AFI36-3208 5.11 (*Conditions that Interfere With Military Service*)
 - DoDI 1332.38 E5 (*Conditions and Circumstances not Constituting a Physical Disability*)

Conflict between AFI48-123 A2 and DoDI 1332.38 E5

Right Person, Right Place, Right Time



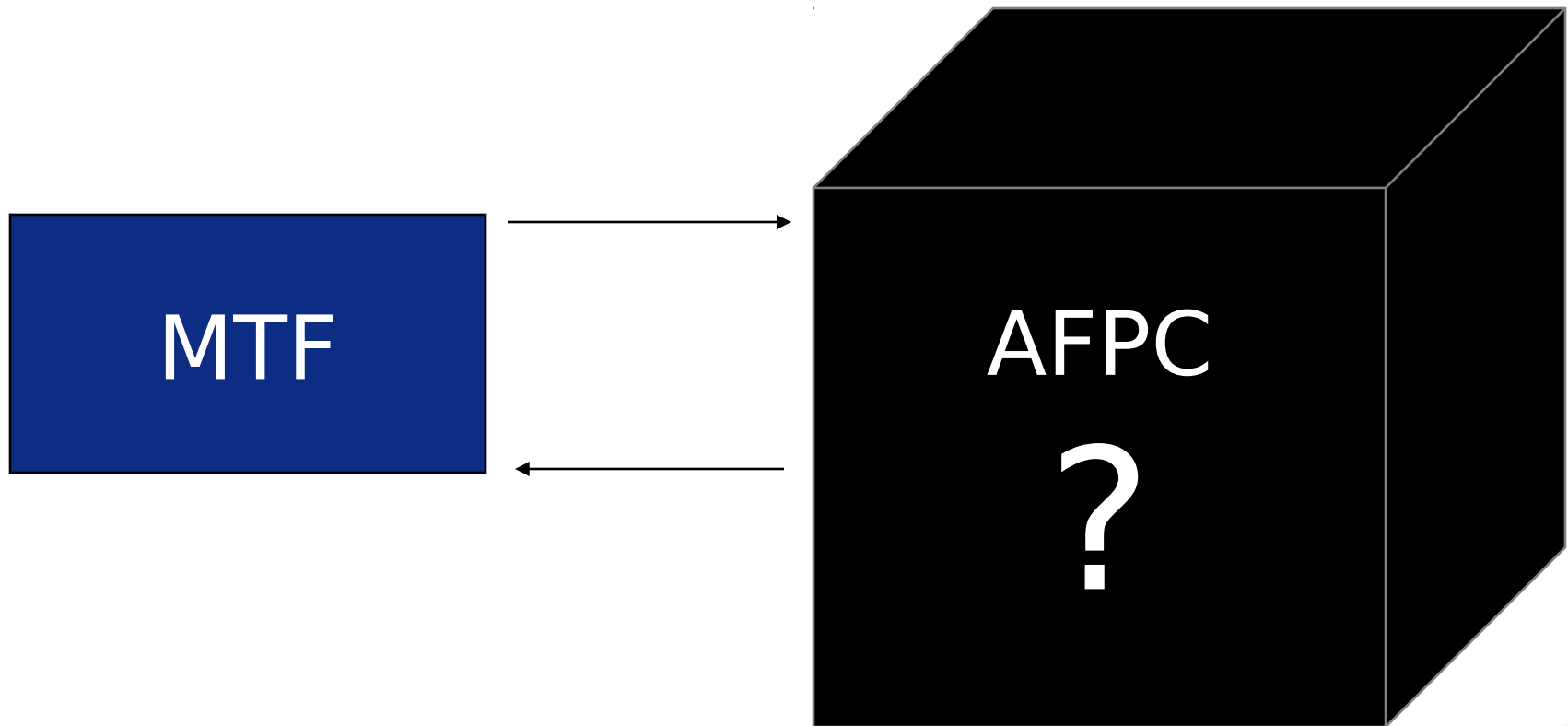
Identification : Conditions not compatible with worldwide military service

What about “profiles” for “unsuiting conditions”

“Do not use medical profiles to code administrative conditions that render a person unsuitable for duty as opposed to unfit for duty. In this situation it is important to use the AF Form 422 to communicate impairment with command but the S profile should remain unchanged.” Substance abuse / dep excepted (AFI 48-123V4 A4.3)



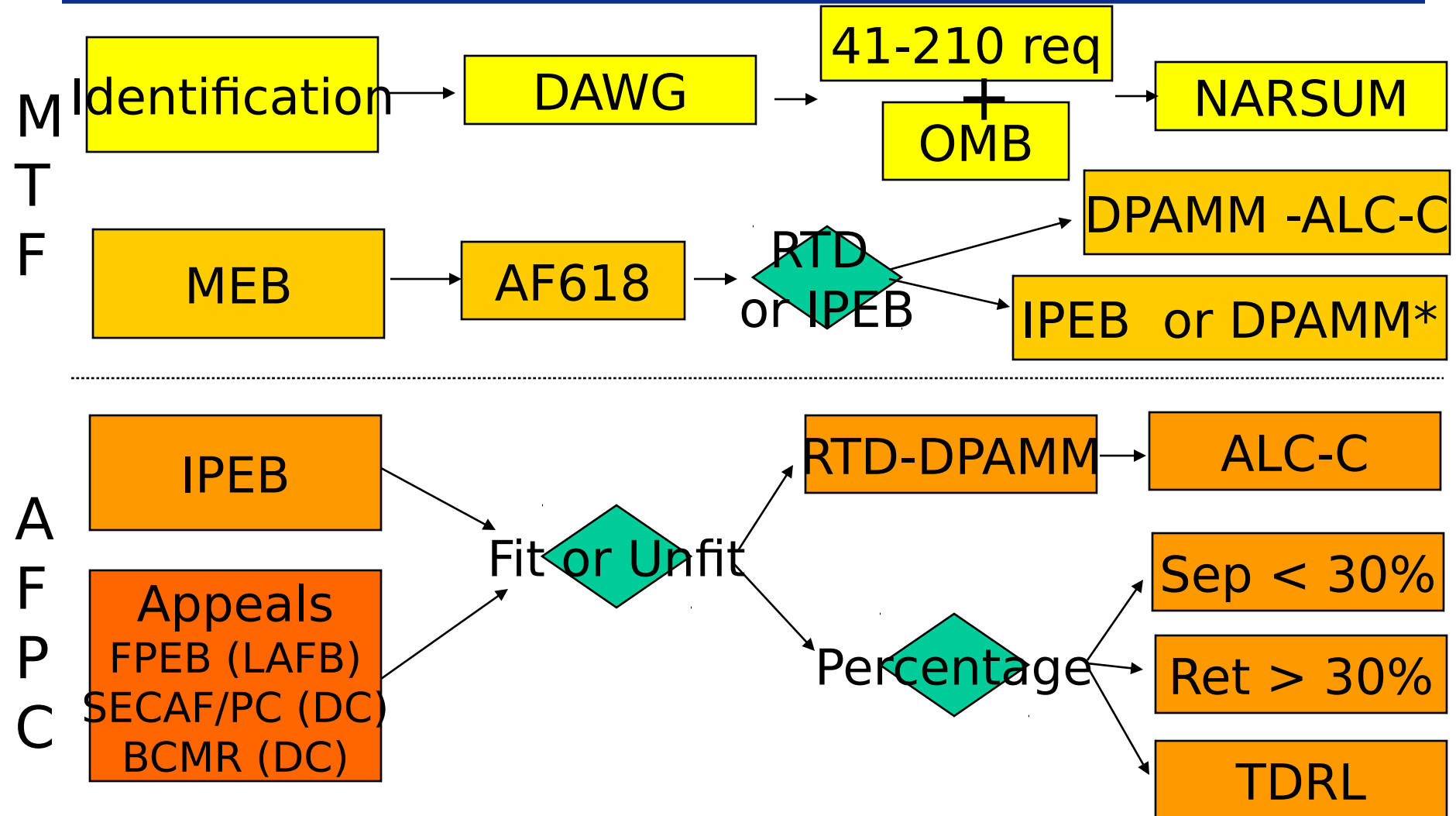
Disability Evaluation Service Working Schematic



Right Person, Right Place, Right Time



Disability Evaluation System Working Schematic



Right Person, Right Place, Right Time



Deployment Availability Working Group (DAWG)

- Will meet monthly to review all...(AFI10-210 4.1)
- Short Term DLCs - med defer > than 30 days (AAC 31)
- Short Term DLCs - pregnancy deferments (AAC 81)
- Long term DLCs - pending MEB / PEB (Code 37)

Cases 90 days from initiation of MEB will be reviewed for progress or impediments to completion. (10-203 4.1.3.2)

Develop check lists from AFI41-210 / DoDI 1332.38

~~■ Long term DLCs - on annual review (ALC-C)~~

Right Person, Right Place, Right Time

List should come from MPF weekly



DAWG Management of Code 37's

- **Work up**

- 41-210 10.6.10 requirements
- DAWG manages

- **Sleep Apnea**

- Sleep study / CPAP trial
- Presenting and residual symptoms on CPAP

- **Asthma**

- Spirometry
- MCT if unclear, exercise provocation test if MCT neg



DAWG Management of Code 37's

- **Diabetes Mellitus**

- HGBA1C after trial of diet / exercise / meds
- Optometry exam
- Endocrinology consult for insulin dependent

- **Neck / Back Injury**

- Range of motion by goniometry (PT or Ortho)
- Good duty restriction / Form 469



DAWG Management of Code 37's Narrative Summary ~~when...~~

- **Commanders letter then Narrative summary
when:**

- All required consults done
- Optimum Medical Benefit established or...
- On mobility restricting profile > 12 months

- **Optimum Hospital and Medical Treatment
Benefits (OMB)**

- *The point of hospitalization of treatment when
a member's prognosis appears to have
stabilized; or when, following administration of
essential initial medical treatment, the
patient's medical prognosis for being capable
for performing further duty can be determined.*
-

(Right Person, Right Place, Right Time)
(DOD 1332.38 E2.1.22)

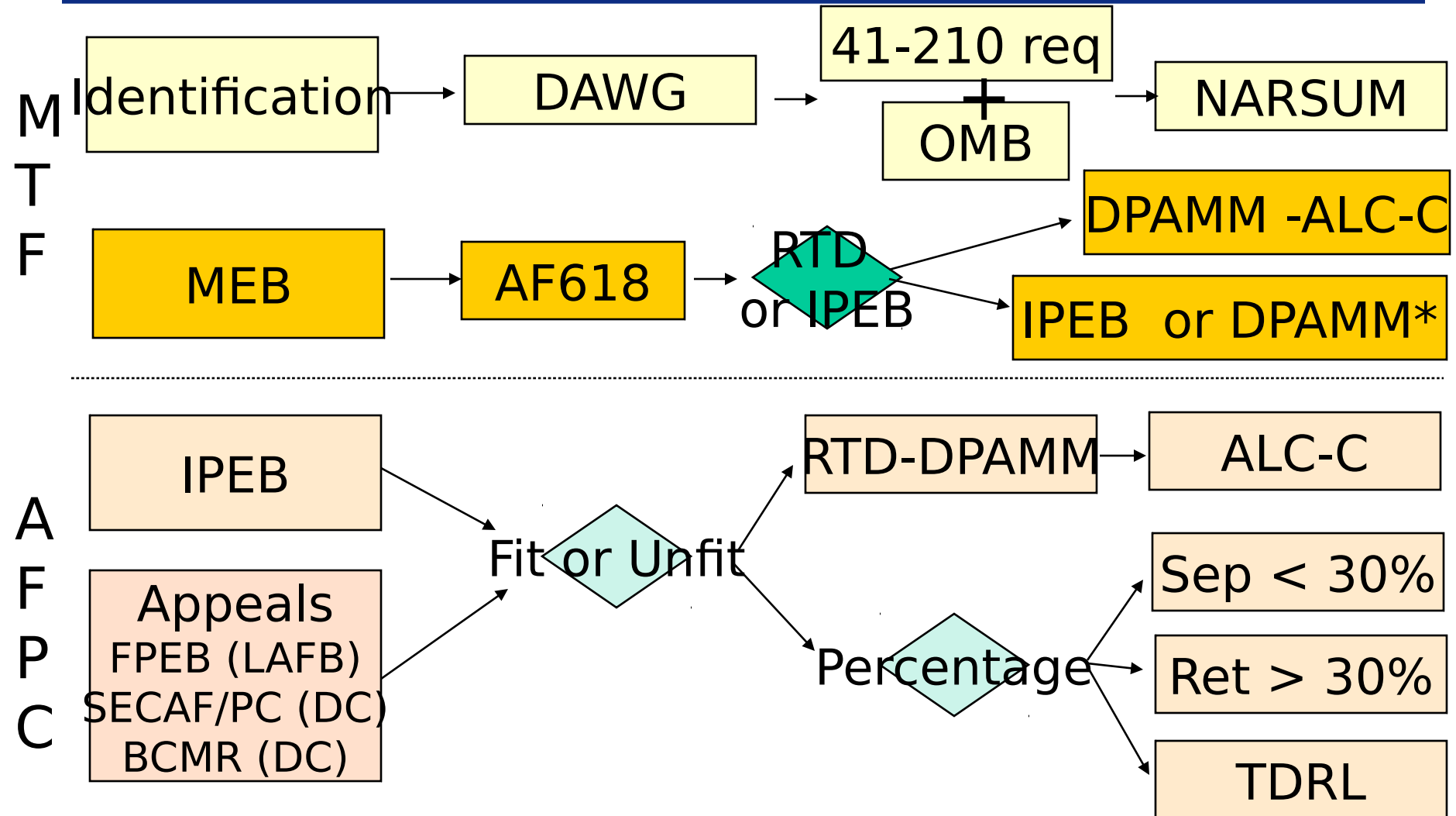


DAWG Code 37 Decision Time

- **Once work-up and OMB have been met, CC's letter is done, THEN narrative summary is requested and MEB date set.**
- **MEB date 2 weeks out to allow 2 weeks for redo's**



Disability Evaluation System Working Schematic



Right Person, Right Place, Right Time



DAWG and the MEB

- **Long term - ready for MEB**
 - PEBLO, SGP, SGH, + one doc stay after DAWG
 - Case packages should be complete!
 - AF618 partially filled out
 - Must look at full package. Does CC letter, AF469, and narrative make sense? Are they current? Are the consults required by 41-210 present?
 - Write in findings on AF618 (EPTS, LOD, service agg, etc) and decision (RTD vs. Refer to IPEB), sign.



PEBLO and MEB disposition

- **“Return to Duty”** – Send case to DPAMM. We may send some to IPEB (10%) but most RTD with an ALC-C
- **“Refer to IPEB”** – Destination depends on facility

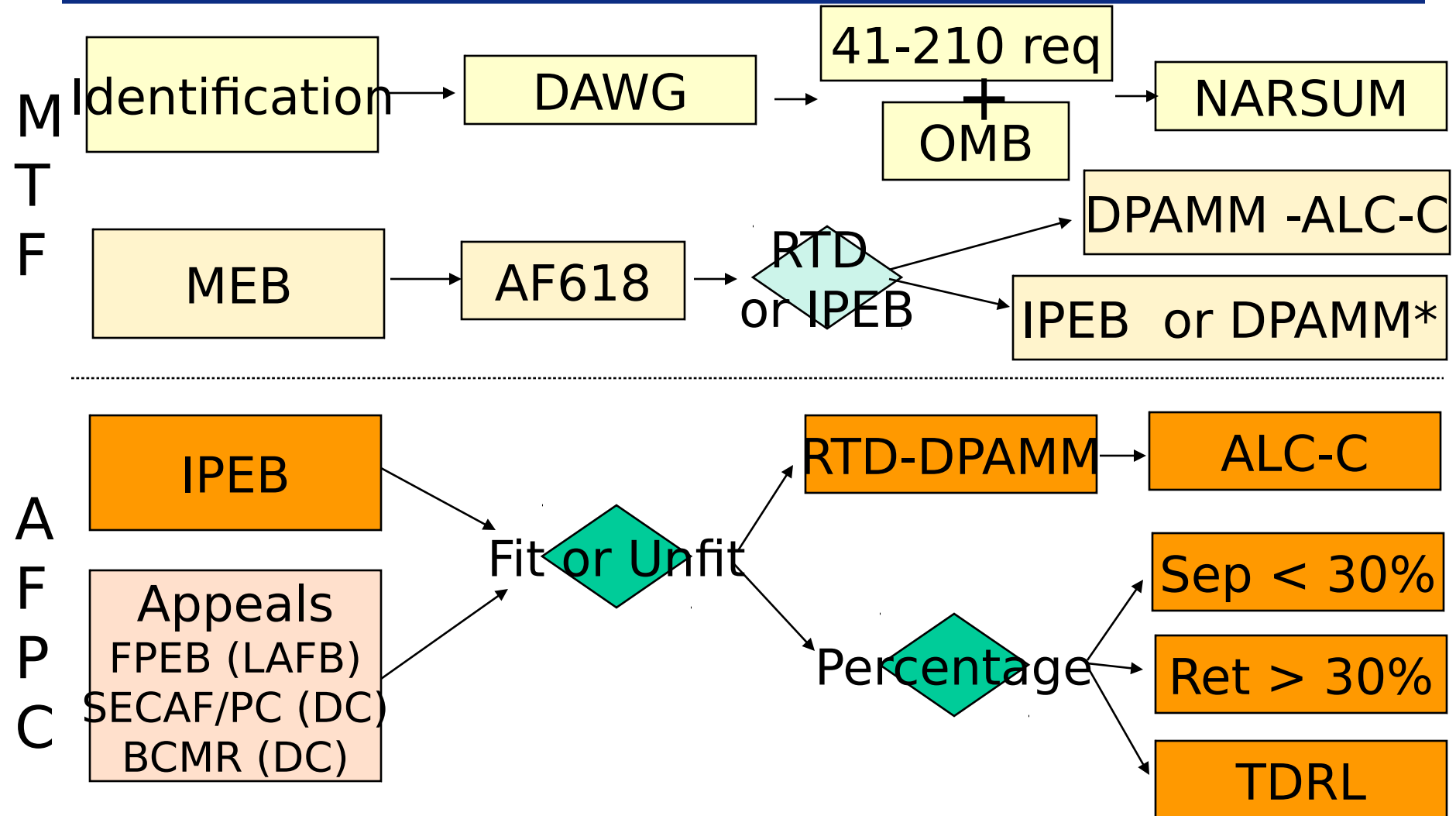
PEB Referral Hospitals (Designated by list. Can do their MEB at their own facility and send to AFPC). PEBLO sends to DPSD (Disability Division)

Non PEB Referral Hospitals (Not on list. MEBs sent to PEBRH for MEB / PEBLO) PEBLO sends to DPSD. In practice, old exception loop now standard. PEBLO sends case to

Right Person, Right Place, Right Time



Disability Evaluation System Working Schematic



Right Person, Right Place, Right Time



Informal Physical Evaluation Board (IPEB)

- **IPEB is a branch under the Disability Division at AFPC. Separate and distinct from Medical Standards Branch of Medical Service Officer Assignment and Management Division**
- **3 person board**
 - President – Personnel Officer
 - Two physicians
- **Final decision approved by the Chief of Disability Division**



Informal Physical Evaluation Board (IPEB)

- **Two main decisions**
 - Fitness for further military service
 - Disability rating
- **Fitness determined by “weight of evidence”**
 - For most AFSC's, “fitness” determined mostly by ability to perform in-garrison duties
 - For combatant / high ops tempo AFSC's, many can be found unfit due to “deployability” alone
 - CC's letter, Narrative, and AF 469 most heavily weighed
- **If determined “fit” mbr may contest. Case reviewed by Chief of Disability. May be sent to Formal PEB or may not. If “fit” finalized, it is sent to DPAMM**

Right Person, Right Place, Right Time



IPEB “Return To Duty” DPAMM action

- **DPAMM evaluates for ALC-C off matrix of risks to member mission vs. severity of risk**
 - Almost all conditions falling afoul of AFI48-123 V2 A2 will require an ALC-C, few exceptions
 - Deployability standards in AFI48-123 V4 A5 set the “floor”. If cond exceeds that, SM will be a min C-1.
 - If unable to wear protective equipment or uniform, member is a C-2 minimum
 - C-3 usually for unstable conditions and / or those requiring frequent specialty care
- **After Form 4 (from DPAMM) arrives at MTF, REMOVE CODE 37 & DO NOT MARK 31 BOX.**

Right Person, Right Place, Right Time



IPEB “Unfit” finding

- **If “unfit”, case is rated for disability percentage using the Veterans Administration Schedule for Rating Disability (VASRD)**
 - * Title 10 guidance
 - 10% increments from 0-100
 - 20 or less, decision is severance pay
 - 30 or greater, decision is permanent retirement if condition is stable.
 - 30 or greater but unstable, decision is Temporary Duty Retirement List (TDRL)



Veterans Administration and Disability

Disability guidance under Title 38

Members separated or retired from the military can receive VA disability IF eligible AND they apply

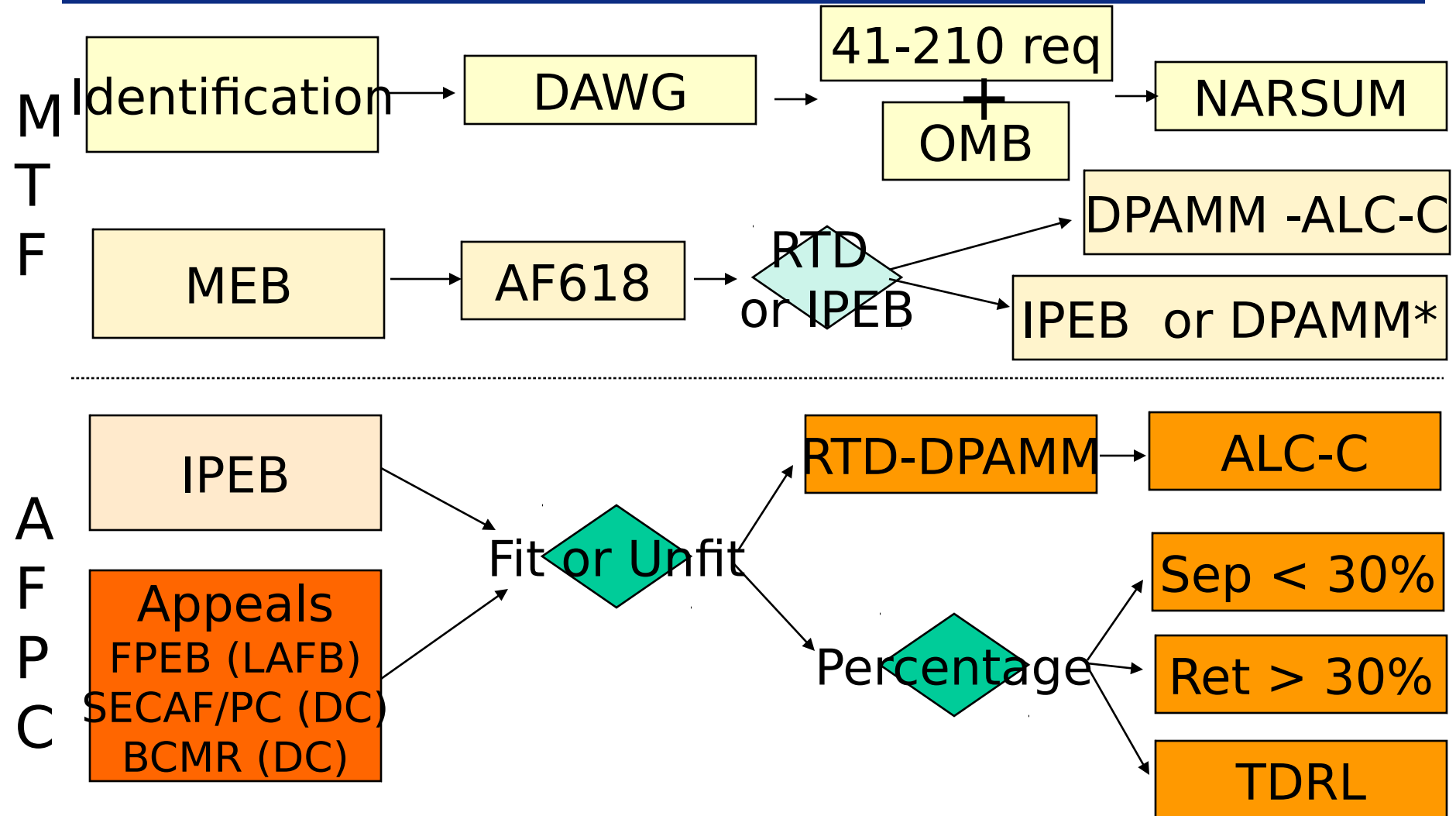
Award disability for any medical disability incurred while on Active Duty, NOT just UNFITTING.

Disability monthly payment based only on percentage.

Range \$117 (10% no dep) to \$3000 (100% w dep)



Disability Evaluation System Working Schematic



Right Person, Right Place, Right Time



Formal Physical Evaluation Board (FPEB)

- The FPEB is a branch under the Disability Division at AFPC. Separate and distinct from IPEB. Located at Lackland AFB. More “legal” format.
- 3 person board. Member present. Attorneys present.
 - President – Personnel Officer
 - Line Officer
 - 0-6 Physician
- Decision approved by the Chief of Disability Division
- Same decision but this time if mbr contests “unfit” finding with written rebuttal, case sent to SECAPC.

Right Person, Right Place, Right Time



Interim Summary

- **AF Form 469 conveys more than work restrictions**
- **We are now the personellists**
- **Code 37 as soon as need for MEB is determined**
- **MEB after OMB and required consults complete**
- **Medical Standards Branch (DPAMM) is not the same as the Disability Division (DPSD)**
- **Physical Evaluation Boards fall under DPSD**
- **If ALC-C is assigned, no 31 or 37 on AF**

Form 469

Right Person, Right Place, Right Time



Processing Time Line

- **Most confusing item about the DLC / DES**
- **Many sources of guidance**
- **Remember intent of the AACs to guide actions**
- **We need to nail down in 10-203**



Processing Time Line

AFI 41-210 Conundrums?

10.3.1 - “Refer the member for MEB action within 30 days after a complete work-up and a definitive diagnosis has been made. During the medical work-up, ensure the member is placed on a 4T profile.

NOTE: Do not mark the MEB block on the 4T profile if the evaluations are incomplete and a determination cannot be made that the member requires a MEB processing.”



Processing Time Line

- **Identification of Mobility Limiting Condition**
 - **Code 31 if known to be greater than 30 days (AFI 10-203 3.3.1, & 4.1.3.1, AFI 48-123V2 4.4.2.2 "...and MEB not anticipated.")**
 - **Code 37 if known condition will require MEB or ALC-C (AFI48-123V4 4.4.2.2)**
 - **If Code 31, then condition found to fall afoul of standards, Code 37 (AFI48-123V4 4.4.2.2)**
 - **If Code 31 for 10 months, code 37 and MEB (AFI 10-203 4.1.3.1)**
 - **Code 31 + Code 37 should not exceed 12 months (DoD 1332.38 E3-P1.6.1, AFI10-**



Processing Time Line

When to MEB?

As soon as optimum medical benefit has been reached and all consults completed, narrative must be completed and case referred for MEB (1332.38 E3.P1.6.1 & E3.P2.1.1, AFI41-210 10.3.1(30 days), **time for MEB set by DAWG?)**

- **From date narrative is complete, full package has 30 days to get through MEB, mail, and arrive at AFPC. (DoDI 1332.38 E3.P1.6.2.2, AFI41-210 10.2.5, and 10.3.1 & 10.7.2)**

-
- *** Consults on, must be, less than 90 days old**



Processing Time Line

AFI 48-123 OMB vs. 90 day?

A2.8.1.1.2 “Individuals sustaining a myocardial infarction will have MEB processing within 90 days”

A2.8.2.3.4 “Member has undergone coronary vascular surgery, regardless of result...NOTES: Conditions above must have MEB processing within 90 calendar days of surgery...”

A2.12.7 “Sz disorder A2.12.7.1...for AD, MEB within 90 days of first episode.”

A2.17.5 “Diabetes, diagnosed...MEB...in 90 days.”

A2.19 “Tumors and Malignant Diseases...NOTE: All members with neoplastic dx...MEB within 90 days of initial dx or as soon as condition

Right Person, Right Place, Right Time

has stabilized



Processing Time Line

AFI 10-203 deadlines?

2.7.3 “Deploying or TDY physicians...unable to complete MEB NARSUM and case coordination within the 30 days allowable are required to transfer responsibility for their duties to another provider.”

2.8 “Clinical Consultants. Will provide timely...narrative summaries...accomplished within 14 days of patient encounter...may be delayed if sig studies pending but will never exceed 14 days following definitive diagnosis.”

4..3.2 “For members on a code 37...Cases exceeding 90 days from initiation of the

MEB will be reviewed for progress and
impediments to completion.”

Right Person, Right Place, Right Time



Summary

Many sources of guidance on time lines and it is growing.

Narrative must be less than 30 days old when MEB package arrives at AFPC.

Time sensitive consults must be less than 90 days old.

Review cases with 90 day time line every 90 days... but case must be at OMB before it can be sent to PEBs

Incorporate time line into 10-203.



The End



Questions?

Contact # DSN 656-

3580

Right Person, Right Place, Right Time